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COUNTY BOROUGH OF OLDHAM



ANNUAL REPORT

OF THE

Principal School Medical Officer

J. T. CHALMERS KEDDIE

M.B., D.P.H.

1962

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INDEX

	Page
Attendance Centre—Medical Examinations	55
Audiometry	14
B.C.G. Vaccination	40
Castleshaw Camp School	55
Child Guidance	28
College Entrants—Medical Examinations	56
Colour Vision	17
Convalescence	25
Co-operation of Parents, Teachers, etc.	20
Deaths in School Children	41
Dental Service	25
Education Committee Members	4
Employment of School Children	19
Grammar Schools	18
Handicapped Pupils	43
Hospital Schools	24
Hospital and Specialist Services	20
Hospital Teaching	54
Infectious Diseases	31
Introduction	5
Immunisation and Vaccination	36
Medical Inspection—Periodic and Special	13
Ministry of Education—Medical Inspection Returns	61
Nursery Schools and Classes	43
Physical Education	59
School Clinics	10
School Exclusion—Infectious Diseases	35
School Hygiene, Accommodation and Attendance	12
School Meals—Provision of	57
School Meals Staff—Medical Examinations	57
Staff	8 & 11
Teaching Staff—Medical Examinations	56
Treatment—Arrangements for	21
Tuberculosis	32
Uncleanliness Examinations	18

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(from 21st May, 1962)

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SCHOOL HEALTH DEPARTMENT,

TOWN HALL,

OLDHAM, July, 1963.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

VALEDICTORY, 1936-1963.

I have the honour to present my Annual Report on the School Health Service for the year 1962.

During the year two appointments were made to the medical staff and two resignations accepted. Dr. J. E. Lunn left at the end of August to take up an appointment as Lecturer in the Department of Preventive Medicine and Public Health, Sheffield University. He was succeeded by Dr. J. H. Dransfield, a very experienced local general practitioner. Dr. H. C. Jennings left at the end of November to take up the appointment of Deputy Medical Officer of Health and Deputy Principal School Medical Officer to the County Borough of Bournemouth. In July Dr. I. B. Barrie joined the staff having recently obtained her Diploma in Public Health at Glasgow University.

In September, Miss A. W. Moordaff, returned to her duties as Superintendent School Nurse after eighteen months in Morocco as Chief Public Health Nurse with the American Joint Distribution Committee. In July four Student Health Visitors obtained their Health Visitors Certificate and joined the staff as School Nurses. We have on the staff 22 School Nurses who hold the Health Visitors Certificate and it is interesting to record that 18 of these were sponsored, as Student Health Visitors, by this Authority.

There has been no radical change in the routine work. The Orthoptic Clinic has functioned throughout the year and 147 new cases were examined, 42 being pre-school children under five years of age. Mrs. A. M. Carter has had a full and busy year though it was only possible for her to devote 6 regular sessions weekly to speech therapy. In spite of the reduced number of sessions the number of children on the waiting list at the end of the year was 98 compared with 173 on the first of January. There were 42 children discharged after treatment and 37 had satisfactory speech.

The Senior Dental Officer in his report deals with the problems of the School Dental Service. We had again to depend on part-time assistance from temporary or short-stay dental officers otherwise the service would have been less than minimum. As long as young dentists can demand and obtain substantial higher financial rewards for their work this situation will continue. The old economic law of supply and demand still holds. It must also be recorded that it is not easy for children to obtain treatment through the General Dental Practitioner Service as the local dentists are fully occupied with the treatment of adult patients. The number of periodic inspections (5,388), special inspections (3,445) and children treated (5,756), all show a marked reduction compared with the figures for the previous year. A sad but true story.

It is indeed gratifying to report that again the notifiable infectious diseases caused no concern and no deaths occurred. Dysentery was responsible for 41 cases and scarlet fever for 39. Measles was prevalent, 235

cases being notified, almost all occurring in Infant Departments. The preventable diseases, diphtheria, poliomyelitis, whooping cough and tuberculosis were conspicuous by their absence. Only 2 cases of whooping cough were notified. No case of pulmonary tuberculosis or non-pulmonary tuberculosis was notified among children attending schools under the control of the Education Committee. A boy aged 17 years who attended a local grammar school developed a pleural effusion and was admitted to Strinesdale Hospital. He was confirmed as a case of pulmonary tuberculosis but made a good recovery and returned to school after his discharge from hospital.

As an open case of pulmonary tuberculosis was notified in a female cleaner employed in a Secondary Modern School, in spite of the fact that she had little or no contact with the children, a full investigation was made to ensure that no pupils had contracted her infection. This investigation is fully described in the Report.

It is especially gratifying to report that vaccination against tuberculosis (B.C.G. vaccination) is now more acceptable to parents. In 1960 the acceptance rate was only 50 per cent, but for the year 1962 it was 74 per cent. For this increase I must mainly thank the heads and staff of the schools concerned. I especially asked for their co-operation and help, and am most grateful for this much improved result. In one school the acceptance rate was as high as 92 per cent.

Diphtheria immunisation and poliomyelitis vaccination have been continued. The introduction of oral vaccination in March was a real advance. It was necessary to make special arrangements for poliomyelitis vaccination at Roundthorn Junior School. A girl aged 7 years was notified as suffering from poliomyelitis (the case was subsequently not confirmed) so immediately arrangements were made for the vaccination of all children who were not fully protected. As a result of hard and detailed work only 3 children out of 240 were not fully protected. This was an excellent achievement and I fully appreciate the enthusiasm and hard work of all my staff—medical, nursing and clerical—who were concerned and my special thanks are also due to the Head Teacher and his staff for their generous and energetic co-operation.

The deaths among school children totalled 6. Three deaths were due to accident, 1 to drowning and 2 to road accidents. The remaining 3 deaths were due to medical causes and were not preventable. It can be said that today the highest medical skills are available to all our school children should they be needed. Deaths among school children are now usually due to accidents, congenital causes or to one of the major diseases which medical science has not yet been able to conquer.

In September I shall retire from my post of Principal School Medical Officer after nearly 32 years in your service which I first joined in January, 1932, as Assistant School Medical Officer. These years have seen great social changes and revolutionary advances in medical skills and techniques. Many of the crippling and killing diseases of the past have been eliminated. Today any child who happens to develop a serious disease or disability receives the highest professional care without any cost to their parents. How different was the past! In 1936 I reported that 7,003 cases were treated at the School Clinics and that they made 36,920 attendances. The referrals to the Orthopaedic Clinic included, deformities due to rickets (42), osteomyelitis (6), tuberculosis of bones and joints (16). In the same year deaths

of children aged 5-15 years totalled 61. This year 888 children made 4,839 attendances at the Minor Ailment Clinics and only 33 with minor postural defects were referred to the Orthopaedic Clinic for advice and exercises.

I regret that in recent years no major reform of the service has been effected. The Future demands change and progress and we must provide an efficient and economic service. The value of the Minor Ailment Clinics needs review, and Health Education in schools presents a challenge. Our elder scholars with their excellent health and maturity present new problems and need help and advice. The educationally sub-normal have a new school, Marland Fold, and the ascertainment of deaf children is now by the most modern methods. Unfortunately the deaf, the partially sighted and the physically handicapped are taught in old and most unsuitable premises. The small number of pupils in these groups is also a problem. The need is recognised and schemes for the future are under discussion.

I wish to thank the medical, nursing and clerical staff for the help they have always given me. I also record my thanks to the Consultants whose help is invaluable, especially to Dr. Don Hilson with whom we have regular discussions. Mr. D. Marshall again assisted in the preparation of this report and his help is much appreciated.

I have always received the fullest co-operation from the Head Teachers and their staffs. On many occasions the visit of the doctor or nurse must disturb their routine work but their willing assistance has always been given. I gratefully acknowledge their generous help and only regret that my other duties have prevented me from visiting the schools and making personal contact with the Head Teachers.

It is with regret that I submit my last Annual Report to you. I have greatly appreciated the support and encouragement I have always received from the Chairman and Members of the Ancillary Services Sub-Committee. Any new proposal or recommendation I have made has been readily accepted and at no time has there been disagreement or discord. I shall always treasure this happy association and place on record my appreciation and thanks.

My thanks are due to the Director and his staff. Mr. Harrison has always given me the closest co-operation and at no time has he encroached on or tried to usurp my responsibilities. He has been a most friendly and pleasant colleague over the years.

I end my story.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. T. CHALMERS KEDDIE,

Principal School Medical Officer.

SCHOOL HEALTH SERVICE

Principal School Medical Officer

J. T. Chalmers Keddie, M.B., Ch.B., D.P.H.

Senior Assistant School Medical Officer

J. Starkie, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officers

Edna Circuitt, M.B., Ch.B., D.P.H.

H. C. Jennings, M.B., Ch.B., D.P.H., D.Obst., R.C.O.G. (to 30-11-62)

J. E. Lunn, M.D., D.P.H., D.P.A. (to 31-8-62)

E. M. R. Stuart, M.B., B.Ch., B.A.O.

Isabelle B. Barrie, M.B., Ch.B., D.Obst., R.C.O.G., D.P.H. (from 1-7-62)

J. H. Dransfield, M.A. (Oxon), L.M.S.S.A. (from 1-10-62)

Principal School Dental Officer

J. Fenton, L.D.S.

Dental Officers

J. H. Woolley, L.D.S.

H. S. Dearing, B.D.S. (from 22-1-62 to 28-9-62)

Consultants

G. Mason-Walshaw, B.A., M.R.C.S., L.R.C.P., F.F.A., D.A. . *Anæsthetist*

J. N. Appleton, M.B., Ch.B., D.L.O., F.R.C.S. *Aural Surgeon*

F. Janus, B.Sc., M.D., M.R.C.S., L.R.C.P. *Ophthalmic Surgeon*

D. Hilson, M.A., M.B., B.Chir., M.R.C.P., D.C.H. *Pædiatrician*

Ophthalmic Surgeon

L. B. Hardman, L.R.C.P., L.R.C.S., D.O.M.S.

Child Guidance Clinic

Consultant Psychiatrists

Dr. Arthur Pool, M.B., Ch.B., M.R.C.P., D.P.M.

Dr. John Johnson, M.B., Ch.B., M.R.C.P. (E.), D.P.M.

Educational Psychologists

Miss Anne-Marie McNamara, B.A.(Hons.)
Robert T. Beattie, B.A. (Cantab.) (from 6-8-62)

Speech Therapy

Mrs. Audrey M. Carter

Orthoptist

Miss Elisabeth Schofield, D.B.O.

Superintendent School Nurses

**Miss A. W. Moordaff, S.R.N., H.V.Cert.
Miss C. Williamson, S.R.N., S.C.M., H.V.Cert.
(temporary to 5-9-62)

Deputy Superintendent School Nurse

Miss C. Williamson, S.R.N., S.C.M., H.V.Cert.

Senior School Nurse

Mrs. H. Emmott, S.R.N., S.R.F.N., H.V.Cert.

School Nurses

'A' Mrs. J. Chapman	'A' Mrs. N. M. McWiggin
'A' Mrs. S. Clayton	'A' Miss S. E. Nixon
'B' Miss I. Fisher	'A' Mrs. C. Reeves (to 30-6-62)
'A' Mrs. W. Frost (to 31-1-62)	'B' Mrs. S. Seddon
'C' Mrs. D. Hardwick (from 23-7-62)	'A' Mrs. M. A. Sencicle
'A' Mrs. M. Hartley	'A' Miss M. Slater
'B' Miss P. Howard (from 23-7-62)	'A' Mrs. C. Smith
'B' Mrs. H. Hughes	'A' Mrs. A. M. Walshe
'B' Mrs. E. M. Hulme (from 23-7-62)	'D' Mrs. H. Eglin*
'B' Miss D. Kershaw (from 23-7-62)	'E' Mrs. O. Knott*
'A' Mrs. M. McKenna	'E' Mrs. D. Spencer*

Nursing Auxiliary

Mrs. E. Doolan, S.E.A.N.

'A' S.R.N., S.C.M., H.V.Cert.
'B' S.R.N., H.V.Cert.
'C' R.S.C.N., H.V.Cert.
'D' S.R.N., S.R.F.N.
'E' S.R.N.

* Temporary—Part-time.

** Returned from special leave of absence 6-9-62.

Miss C. Williamson, Deputy Superintendent School Nurse,
acted as temporary Superintendent School Nurse for period
of leave.

SCHOOL CLINICS

Minor Ailment Clinics

Gower Street	—Monday-Friday, 9 a.m. to 10-30 a.m.
Scottfield (off Ashton Road)	—Monday-Friday, 9 a.m. to 10-30 a.m.

Dental Clinics

Eagle Street	—By Appointment
Gower Street	—By Appointment
Gainsborough Avenue	—By Appointment

Ophthalmic Clinic

Scottfield	—Monday 9 a.m. Wednesday 2 p.m. Thursday 9 a.m. Friday 2 p.m.	} (By appointment only)
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Orthoptic Clinic

Scottfield	—By appointment only.
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Consultant Aural Clinic

Scottfield	—Friday, 9-45 a.m. (By appointment only).
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Speech Therapy Clinic

Gainsborough Avenue	(By appointment only).
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Child Guidance Clinic

Honeywell Lane	—By appointment only.
Child Welfare Centre	

ANNUAL REPORT

STAFF

In July, Dr. Isabelle Barrie was appointed to a post which had been vacant since the end of September last year. Dr. J. E. Lunn left the service in August to take up an appointment as lecturer at Sheffield University, and was succeeded by Dr. J. H. Dransfield, who commenced duties in October. Dr. H. C. Jennings terminated his appointment at the end of November to take up duties as Deputy Medical Officer of Health and Deputy Principal School Medical Officer to the County Borough of Bournemouth. This post remained unfilled at the end of the year.

The staffing of the Dental Service was once again unsatisfactory, even though we were fortunate to obtain the services of part-time dental officers for a few sessions per week. Mr. H. S. Dearing, who had been employed on a part-time sessional basis, took up a full-time appointment in January but, however, we unfortunately lost his services when he resigned in September.

Miss A. W. Moordaff resumed her duties as Superintendent School Nurse on the 6th September, after 18 months' special leave of absence. During this time she had held the post of Chief Public Health Nurse with the American Joint Distribution Committee for their health programme in Morocco. Miss C. Williamson, who took over Miss Moordaff's duties during her absence, resumed as Deputy Superintendent School Nurse from the 6th September.

During the year two Child Guidance Clinic sessions per week have operated fairly regularly. Dr. Arthur Pool, Consultant Psychiatrist, has continued to assist by undertaking one session per week, and from February, Dr. J. Johnson, Consultant Psychiatrist, has conducted the other session.

Miss Anne-Marie McNamara, Educational Psychologist, has undertaken two weekly sessions at the clinic, and, in addition, has been in attendance at the two sessions held by the Consultant Psychiatrist. The services of Mr. Robert T. Beattie, Psychologist in the Health Department, are also available.

Liaison

All the Medical Officers employed in the School Health Service are also Assistant Medical Officers of Health and undertake duties in the Public Health Department.

The Superintendent Health Visitor is also the Superintendent School Nurse and this arrangement provides the closest co-operation between the School Health Service and the other nursing activities of the Public Health Department. All Health Visitors are appointed as Health Visitor/School Nurse and undertake duties in the School Health Service. Owing to the difficulty of obtaining School Nurses with the Health Visitor's Certificate, qualified nurses are employed in a temporary capacity.

SCHOOL HYGIENE, ACCOMMODATION AND ATTENDANCE

I am indebted to Mr. M. Harrison, Director of Education, for the following information:—

- (1) The following new schools were completed and occupied during the year:—
 - (a) Alt County Infants School.
 - (b) St. Hilda's Church of England Primary School (conversion of the premises formerly occupied by Robin Hill County Secondary School).
 - (c) St. Martin's Church of England Primary School.
 - (d) Marland Fold Special School.
- (2) The following new school is at present under construction but not ready for use:—
 - (a) St. Alban's Roman Catholic Secondary School.
- (3) The following school has been included in the building programme approved for the Oldham Authority for 1962-63:
 - (a) Breezehill County Secondary School—Second stage.
- (4) The following school has been included in the building programme approved for the Oldham Authority for 1963-64:
 - (a) Henshaw's Church of England Secondary School
—Alterations and extensions.
- (5) The following schools were closed during the year:—
 - (a) Bardsley Church of England Primary School.
 - (b) St. Paul's Church of England Primary School.
 - (c) Waterloo County Secondary School.
- (6) The following new kitchen and dining room was completed during the year:—
 - (a) Hollins County Secondary School.

School Accommodation

The number of children on the register in December, 1962, was 18,036, a decrease of 372 compared with the previous year. The distribution is as follows:—

	Senior	Junior	Infant	Total
County Schools	3,724	4,075	3,179	10,978
Voluntary & Aided Schools ...	1,483	2,003	1,670	5,156
	—	—	—	—
Totals	5,207	6,078	4,849	16,134
	—	—	—	—
Counthill Grammar School ...	644			
Greenhill Grammar School ...	460			
Hathershaw Tech. High Schl.	465			
Junior School of Art	48			

Special Schools:—

	Sen. & Jun.
Beever Special School:	
Deaf and Partially Deaf	26
Scottfield Special School:	
Physically Handicapped	23
Marland Fold Special School:	
Educationally Sub-normal	113
Waterhead Special School:	
Partially Sighted	17
Strinesdale Open-Air School:	
Resident	30
Non-resident	76

MEDICAL INSPECTION

Periodic Medical Inspection

The periodic medical inspection of three age groups has been continued, and 5,019 children were examined at these inspections.

The number of children inspected in the age groups is as follows:—

Entrants	1,760
11-year-olds	1,526
Leavers	1,733
	—
	5,019
	—

In addition 295 children in nursery schools and classes were examined.

Of the 1,760 entrants examined, 904 (51.36 per cent) were found to have been vaccinated against smallpox. This compares with 41.99 per cent for the previous year.

The following figures show the incidence of certain defects in the 5,314 children who were examined:—

Disease or Defect	No. of children requiring treatment or observation for the Defect	Incidence of the defect per 1,000 children examined
Otitis Media	81	15.24
Nose and Throat	153	28.79
Speech	52	9.79
Cervical Glands	25	4.70
Heart and Circulation	41	7.72
Lungs	57	10.73
Hernia	14	2.63
Epilepsy	20	3.76
Orthopædic	249	46.86

Further details of defects found, etc., are given in Part II of the Ministry of Education Medical Inspection Returns.

General Condition of Children Inspected

All the 5,314 children examined at periodical medical inspections were classified as satisfactory.

All children whose physical condition is considered to be unsatisfactory are referred for special examination and investigation of the medical and social factors which appertain.

Special Inspection

The medical officers made 1,594 special inspections and 1,471 re-inspections. These inspections were made at the clinics or in the schools.

Audiometry

“ Sweep testing ” of children in infant schools was introduced in 1955 and has been carried out regularly since. The initial investigation is now done by school nurses under the supervision of a teacher of the deaf who has experience of audiological work.

I am indebted to Mr. Alan Sherliker, Deputy Head Teacher, Beaver Special School for the Deaf and Partially Deaf, for the following report:—

The routine testing by pure tone audiometry continued throughout the year in Infant Schools and 1,878 children (5-year-olds) were examined by the "pure tone sweep test"; 257 children failed the test and were referred for re-examination at Beever Special School for the Deaf and Partially Deaf, where they were re-tested to ascertain their thresholds of acuity for pure tones by standard audiometric technique.

During the year school nurses were given instruction in standard "sweep audiometric" technique and they have carried out the tests in the authority's 36 Infant Schools and Departments. The procedure involved teaching the children a relatively simply "activity game" of performing an appropriate response with selected play material whenever they heard a signal.

The following is a summary of the 257 cases referred for re-examination:—

Found on re-test to have normal hearing	47
Did not attend for re-test	29
Children removed from area before re-test	2
Children screened at the end of 1962 and still awaiting re-test	13
Already under investigation by own Medical Practitioner	6
To be investigated by own Medical Practitioner	2
For re-test at next school "sweep test" or during 1963 ...	35
Under observation by the School Medical Officers at Scottfield Clinic	19
Treated by School Medical Officers and discharged	9
Already attending Hospital Aural Clinics	21

Referred to Consultant Aural Surgeon:

(i) at Scottfield Aural Clinic	73
(ii) by private medical practitioner	1

A summary is given below of the diagnosis made by the Consultant Aural Surgeon, in respect of the 74 children referred to him:—

(1) Children with bilateral middle ear deafness	
For review after Tonsils and Adenoid operation ...	55
(2) Unilateral deafness due to mumps	1
(3) Bilateral perceptive deafness—Under clinical supervision	6
(4) Impacted wax removed under general anæsthetic ...	2
(5) For review after post nasal sinuses examination and bilateral antral wash-out	5
(6) Discharged after treatment	5

Special Schools

Children in special schools normally have hearing tests before admission. It was decided, however, to carry out "sweep audiometry" in three of the authority's special schools. Marland Fold Special School and Scottfield Special School were fully screened, and at Strinesdale Open-Air School the head teacher asked for the investigation of 22 children.

125 children were examined and 30 failed the initial screening test and were referred for re-examination at Beever Special School for the Deaf and Partially Deaf.

Summary of the 30 cases referred for re-examination:—

Found on re-test to have normal hearing	6
Did not attend for re-test as requested	4
Parents refused the re-test	1
Removed from area before re-test	1
For observation by School Medical Officer	5
Already under supervision or treatment at hospital clinic	4
Referred to Aural Surgeons	9

Diagnoses made by the Consultant Aural Surgeon in respect of the children referred is given below:—

Case 1: Moderate catarrhal deafness—Review after removal of tonsils.

Case 2: Slight catarrhal deafness—Improved after treatment.

Case 3: Moderate catarrhal deafness—Review after removal of tonsils and adenoids.

Case 4: Moderate degree of deafness, probably with a perceptive element—Continue under treatment.

Case 5: Moderate catarrhal deafness—Review after removal of tonsils and adenoids.

Case 6: Slight catarrhal deafness—Review after post nasal sinuses examination and bilateral antral wash-out.

Case 7: Slight catarrhal deafness—Review after bilateral antral wash-out.

Case 8: Slight unilateral perceptive deafness—Continue under observation.

*Case 9: Moderate degree of perceptive deafness—Admission to School for Partially Deaf recommended.

* This child had been under treatment at the Royal Manchester Children's Hospital and was re-referred for advice.

Miscellaneous Investigations

During the year, several head teachers requested full audiometric investigation of children in their schools. Six children were referred and were given tests of auditory acuity for pure tones and speech.

Summary of children referred:—

Found to have normal response to sound and speech	2
Referred to Aural Clinic	4

The diagnosis made by the Consultant Aural Surgeon in respect of each of the 4 children referred to him is shown below:—

Case 1: Moderate degree of deafness, mainly perceptive—
Training in use of hearing aid and lip reading.

Case 2: Moderate unilateral perceptive deafness—Continue under observation.

Case 3: Moderate degree of deafness, mainly perceptive—For operative treatment—supplied with hearing aid and to receive training.

Case 4: Moderate catarrhal deafness—Review after operative treatment.

The Consultant Aural Surgeon asked for full audiometric examination of 14 children under his supervision. This was carried out and the results were sent to him.

Summary—Audiometric Screening

Number of children screened during the year	2,003
Number of children for re-test	287
Number of children for full investigation referred by Aural Consultant or head teachers	20
Number of children already attending hospital aural clinics	26
Number of children who have had treatment or who are under observation by School Medical Officers	19
Number of children referred to Consultant Aural Surgeon at Scottfield Clinic (new cases)	86

Pre-School Children

Screening tests were given to 4 pre-school children and 2 of these were referred to Aural Surgeon and Department of Education of the Deaf, Manchester University.

Colour Vision

All children at the 11-year-old periodic medical inspection are tested with the Ishihara Charts for any colour vision defect. During the year, 1,526 children were tested and 5 boys were found to have a colour vision defect. No girls were found to have defective colour vision.

Secondary Grammar Schools

All children are examined prior to entering grammar schools and school nurses make an annual visit to test the vision of all pupils in these schools. The routine medical examination is restricted to children entitled to leave school at the end of the school year, but any child who is thought to require a special examination can be brought to the notice of the Medical Officers when they visit the school.

The following table gives a summary of the results of the leavers' examination and the defects found:—

Number of leavers examined	210
General condition of leavers examined:	
Satisfactory	210
Unsatisfactory	—
Defect or disease requiring treatment:	
Eyes — Vision	1

Uncleanliness Examinations

Statistical details of school nurses' work in connection with head infestation are as follows, with 1961 figures in parenthesis:—

Nurses' first inspections in schools	45,898	(48,907)
Nurses' re-inspections in schools ..	3,592	(3,476)
Number of school visits for first inspection	252	(325)
Number of school visits for re-inspection	377	(402)
Number of individual children found to be infested	920	(1,005)

The figure of 920 individual children found to be infested represents 5.10 per cent of the school population (5.46 per cent in 1961).

Work under this heading has continued on the lines described in previous reports with inspections in schools and advice and help in those cases where it is considered necessary.

The downward trend in numbers of infested children previously noted has continued though the position cannot be regarded as satisfactory, and constant supervision is still required.

No cleansing notices in accordance with Section 54 of the Education Act, 1944, were served during the year.

EMPLOYMENT OF SCHOOL CHILDREN

A report on each of the 1,523 children examined as secondary school leavers was sent to the Youth Employment Officer. Types of work for which any child is, in the opinion of the Medical Officer, physically unsuited are indicated.

The list of medical contra-indications issued by the Central Youth Employment Executive has been in use throughout the year. It was considered necessary to exclude 190 children from one or more of the following categories of work:—

1—Heavy manual work	23
2—Sedentary work	—
3—Indoor work	—
4—Work involving prolonged standing, much walking, or quick movement from place to place	11
5—Exposure to bad weather	17
6—Work involving wide changes in temperature	12
7—Work in damp atmosphere	13
8—Work in dusty atmosphere	12
9—Work involving much stooping	4
10—Work near moving machinery or moving vehicles	5
11—Work at heights	6
12—Work requiring normally acute vision	106
13—Work requiring normal colour vision	45
14—Work requiring the normal use of hands	—
15—Work involving the handling or preparation of food	5
16—Work requiring freedom from damp hands or skin defects	4
17—Work requiring normal hearing	7

Copies of confidential school medical reports are also supplied on the application of a school leaver's medical practitioner.

In addition, children are medically examined as regards the suitability of their entering employment outside school hours. The number examined during the year was 454, and the occupations were as follows:—

Newspaper delivery	390
Errand boys	6
Receptionist	1
Shop assistants	20
Delivery boys	2
Clerical work	3
General assistants	31
Farmwork	1

CO-OPERATION OF PARENTS, TEACHERS, SCHOOL WELFARE OFFICERS AND VOLUNTARY BODIES

At the request of the Director of Education, appointments or home visits are made in cases of prolonged school absence. In almost every case there is consultation with the medical practitioner with beneficial results, and, in some cases, special treatment is arranged for the case under review.

The co-operation and help of teachers, the inspector of the local branch of the N.S.P.C.C., and others connected with the welfare of children, has been greatly appreciated.

The number of parents or other relatives attending the periodic medical inspections is as follows:—

	1961			1962		
Entrants	1,288	90.90%	...	1,643	93.35%	
11-year-olds	886	76.31%	...	1,151	75.43%	
Leavers	227	15.77%	...	342	19.16%	

HOSPITAL AND SPECIALIST SERVICES

The Child Guidance and Orthoptic Clinics are the only specialist services maintained by the Education Committee. Other specialist provision is made by the Manchester Regional Hospital Board through the Oldham and District Hospital Management Committee, which provides an Orthopædic Clinic at Gainsborough Avenue, where school children can attend. A Pædiatric Out-Patients' Clinic is held at the Oldham and District General Hospital each Monday afternoon and Wednesday morning, and twice a month on Friday afternoon.

The Consultant Pædiatrician, Dr. D. Hilson, is employed in a consultative capacity. Under this arrangement he gives advice and submits any special reports that may be required by the Principal School Medical Officer, and attends regular meetings when any problems are discussed. Co-operation is further effected by the Senior School Medical Officer, Dr. J. Starkie, making regular visits to the pædiatric ward at the Oldham and District General Hospital when Dr. Hilson conducts a ward round.

Mr. J. Norman Appleton is employed as Consultant Aural Surgeon and undertakes the examination of deaf and partially deaf children. He also supervises the children in the Special School for Deaf and Partially Deaf Children.

Under the National Health Service any person requiring an individual hearing aid receives this free, and children in need of such an appliance are referred to the Hearing Aid Centre, Hardman Street, Manchester. Six children were provided with individual hearing aids during the year.

Dr. F. Janus is employed as Consultant Ophthalmic Surgeon and undertakes the examination of blind and partially sighted children and also supervises the children in the Special School for Partially Sighted Children.

The prescribing and dispensing of glasses has continued to remain with the Local Executive Council, the children being refracted and tested at Scottfield Clinic.

ARRANGEMENTS FOR TREATMENT

Arrangements to secure the availability of comprehensive free medical treatment, other than domiciliary treatment, for all pupils for whom the authority accept responsibility included the following:—

Minor Ailments—School Clinics

The two school clinics at Gower Street and Scottfield have been open daily during the school days, and on several days in the school holiday periods, for the treatment of minor ailments and the carrying out of special examinations. During the year 888 children made 4,839 attendances for treatment.

In addition to the treatment of minor ailments, special examinations of children referred by school nurses, teachers, parents, and attendance officers, are carried out by the Medical Officers at the school clinics.

The school nurses attend to cleansing the heads of children referred to the clinic for this purpose.

Particulars of the cases are given in Part III of the Ministry of Education Medical Inspection Returns.

Scabies

The number of cases in school children totalled 43, compared with 53 in the previous year. Every effort is made to treat other members of the family who may be affected. Facilities for treatment are provided at the Gower Street Clinic and at the Health Yard, the facilities at the latter premises being used for the treatment of adult males.

The total numbers treated, which includes cases referred by general practitioners, are as follows:—

Pre-school children	22
School children	43
Adults:—	
Female	23
Male	15

Ringworm of the Scalp

No cases of this disease came to notice during the year.

General Hospital Treatment

Children requiring treatment are referred to the Oldham Royal Infirmary or the Oldham and District General Hospital. If requiring in-patient treatment they are usually admitted to the Children's Wards at these hospitals. The Senior School Medical Officer has continued to visit school children in the Oldham and District General Hospital.

Eye Diseases—Visual Defects

Ophthalmic Clinic

During the year, 1,795 examinations were undertaken by Dr. L. B. Hardman, and spectacles were prescribed or changed in 1,198 cases.

Children with extremely poor vision are referred to Dr. F. Janus, Consultant Ophthalmic Surgeon, in order to ascertain whether they would be suitable for admission to the Partially Sighted School.

Children with squint are now referred to the Orthoptic Clinic for investigation and treatment. Children who require other investigation or treatment are referred to the Ophthalmic Clinic at the Oldham Royal Infirmary.

Orthoptic Clinic

Miss E. Schofield was employed full-time in the clinic, working under the supervision of Dr. L. B. Hardman, Ophthalmic Surgeon, and Dr. F. Janus, Consultant Ophthalmic Surgeon.

The following details relate to the Clinic:

There were 2,117 attendances made by school children and 37 pre-school children attended the clinic. There were 147 new cases referred and 42 of these were pre-school children.

In certain cases operative treatment is advised and the children concerned are referred to the Oldham Royal Infirmary and admitted without undue delay. During the year 51 children received such treatment at Oldham Royal Infirmary.

On the 31st December, 21 children were awaiting admission to Oldham Royal Infirmary for operative treatment.

The following figures relate to the work of the clinic throughout the year:—

Cases on register, 1st January	935
Cases referred during the year:—	
Oldham Royal Infirmary	61
Manchester Royal Eye Hospital	2
Other Hospitals	—
Scottfield Ophthalmic Clinic	73
Ophthalmic Medical Practitioners	6
Lancashire County Ophthalmic Clinics:	
Chadderton	4
Royton	1
	— 147
Cases removed from register:—	
Cured	52
School leavers	5
Left district	5
Cosmetically very good	35
Improved	10
Receiving treatment privately	1
	— 108
Cases on register 31st December	974
Attendances during the year:—	
Treatments	414
Occlusions	358
Tests	1,313
Observations	69
	— 2,154

Ear, Nose and Throat Defects

Children found to be suffering from these defects are referred to the Scottfield Aural Clinic, and by arrangement with the Manchester Regional Hospital Board, Mr. J. N. Appleton, Consultant Aural Surgeon to the Oldham Hospital Group, holds a weekly session. Children attend by appointment and any treatment prescribed is usually carried out at the school clinics. In cases where in-patient treatment is necessary, copies of the case notes are forwarded to the hospital and the child's name is immediately placed on the waiting list for admission.

During the year, 44 sessions were held and 149 new cases were examined. The total number of attendances was 444.

Children found to require operative treatment are admitted as in-patients to the Oldham and District General Hospital or the Oldham Royal Infirmary.

At the beginning of the year, 75 children were awaiting operative treatment for tonsils and/or adenoids, and at the end of the year the number was 49.

The number of children receiving operative treatment during the year was 103, compared with 38 in the previous year.

Orthopædic Defects

The arrangements for school children to receive treatment at the Orthopædic Clinic, Gainsborough Avenue, have continued. Mr. J. N. Nish, the Orthopædic Surgeon, is the Consultant responsible for the clinic, but a weekly session is held by Dr. M. F. Johnstone. The majority of cases require advice and exercises, and only a few cases require surgical treatment.

During the year, 33 school children were referred to the clinic for the following defects:—

Defect	No. of Cases
Flat Feet	12
Inverted Feet	4
Knock Knees	14
Other Deformities of Toes	2
Postural Defects	2
Hallux Valgus	3
Other Defects	7

Hospital Schools

Information was received during the year that 10 girls and 5 boys were in the following hospital schools:—

	Girls	Boys
Warwickshire Orthopædic Hospital School	—	1
Booth Hall Hospital School	1	—
Robert Jones & Agnes Hunt Hospital School ...	4	1
Wrightington Hospital School	2	2
Royal Liverpool Children's Hospital School	1	—
Littleborough Lake View Children's Hos. School	2	1

Convalescence

Arrangements exist for selected school children to be sent for convalescence and the cost is met by the Education Committee. The usual period of convalescence is four weeks, but this is extended in special cases.

During the year, 1 boy was sent to the Taxal Edge Convalescent Home, Whaley Bridge, for a period of six weeks.

SCHOOL DENTAL SERVICE

I am indebted to Mr. James Fenton, Principal School Dental Officer, for the following report:—

Staffing of the school dental services has, once again, been extremely difficult. Mr. Dearing, who was appointed in a full-time capacity in January, left the service in September and took an appointment in the hospital service. Incidentally, this was the first full-time appointment made for a number of years. The only other appointments have been on a part-time basis and usually are of short duration. This type of appointment is not very satisfactory since there is no continuity of treatment for the children. During the year six dentists were employed on a part-time basis and they each averaged five sessions per week.

Nationally, the staffing of the school dental service has improved considerably, but, unfortunately, industrial areas like Oldham have been unable to enjoy this increase in staff. Dentists who are entering the school service appear to be selecting areas which are more attractive residentially. Another disturbing feature in the Oldham area is a shortage of dentists in general practice. Thus, children have difficulty in obtaining dental treatment through the General Dental Practitioner Service of the National Health Service. In other parts of the country the school dental service is finding evidence of children obtaining their treatment through the National Health Service. This, of course, relieves the strain on the school dental service.

Replacement of the dental clinic at Gower Street by a modern dental clinic, similar to the one at Eagle Street, has commenced. When this clinic is completed there will be two modern clinics in the town, in which the working conditions are first-class. This should help when attempting to recruit staff to the school dental service.

The effect of inadequate staffing of the service is to lengthen the period between routine dental inspections at the schools. Many children only receive a dental inspection every two or three years. This is far too long an interval between inspections, which should be at least twice a year. The present incidence of caries together with the infrequent routine visits to the schools has resulted in many children attending the dental clinics complaining of toothache. In addition, many parents take their children to the clinics for examination and treatment. Whilst this interest in the dental welfare of their children is understandable, nevertheless it slows down the routine work and visitation of schools.

A limited amount of dental health education has been carried out, but there does not appear to be any appreciable decrease in the incidence of dental decay.

Little progress has been made towards the artificial fluoridation of drinking water which is deficient in its flouride content. This method of preventing dental decay is the most effective means of protecting teeth against the foodstuffs contained in the modern diet (i.e., the increased amount of carbohydrates).

The school dental service provided the dental service for expectant and nursing mothers and pre-school children. The shortage of staff has prevented any expansion of this important service.

Voluntary evening sessions have been held at the dental clinic at Gainsborough Avenue. These sessions provide an excellent means of treating the older children who do not wish to disrupt their school lessons, particularly when taking examinations. There were 56 sessions held during the year.

Equipment

The policy of replacing old equipment at the school dental clinics has continued, and a number of items were purchased during the year.

Dental Inspection

Details of these inspections are to be found in the Ministry of Education Medical Inspection Returns.

(a) **Periodic Inspections.**—During the year, 5,388 children received a periodic dental inspection. Of the children inspected, 3,780 were found to have dental defects and 2,936 were referred for treatment. It is not possible to refer for treatment all children with dental defects of the temporary dentition, and a policy has to be adopted whereby the elimination of sepsis and pain are the main consideration.

The dental inspections were carried out on school premises and use of a portable light has greatly helped, particularly during the winter months.

(b) **Special Inspections.**—During the year, 3,445 children received special inspections at the dental clinics. These are usually children who have developed toothache or who attend the clinics for advice regarding dental care.

In order to reduce the number of these cases it is necessary to have a fully staffed service and to conduct routine inspections at schools at twelve-monthly intervals or less if possible. The longer the period between periodic inspections, the greater will be the number of “specials.”

Dental Treatment

Details of the dental treatment carried out are to be found in the Ministry of Education Medical Inspection Returns.

Of the 7,152 children referred for treatment following periodic and special inspections, 5,756 accepted and received treatment, and the total number of attendances was 14,374.

6,905 fillings were inserted in permanent teeth and 929 fillings were put in temporary teeth.

The number of permanent teeth extracted was 3,151, as compared with 3,401 for the previous year. Many of these teeth were extracted for orthodontic reasons. It was necessary to extract 6,498 temporary teeth.

1,922 school children received a general anæsthetic for the extraction of teeth. In addition, pre-school children and expectant and nursing mothers also received treatment at these sessions. The services of Dr. G. Mason-Walshaw, Consultant Anæsthetist, are particularly valuable at these sessions when very young children or children with poor medical histories attend.

Orthodontic Treatment

During the year 57 sessions have been devoted to orthodontic treatment, i.e., treatment for the correction of irregular teeth and mal-occluding jaws. This work remains very popular with children and parents alike, and is a most important aspect of juvenile dentistry.

Unfortunately, this work has to be kept to a minimum, due to the adverse staffing conditions.

The following is a summary of the work undertaken during the year:—

New cases commencing treatment	50
Cases completing treatment	18
Attendances	942
“Fixed” appliances fitted	5
“Removable” appliances fitted	141
“Mouth screens” fitted	17

X-ray Examinations

Full use has been made of the X-ray unit installed at Eagle Street Clinic and 432 films were taken.

Dentures

104 partial dentures were constructed for children who had lost front teeth, usually as a result of accidents.

Six protective caps were fitted to broken front teeth in order to protect them until the children are old enough for some type of permanent restoration.

Hospital and Consultant Facilities

Children who require consultant advice and treatment are referred to Mr. W. C. Mellor, F.D.S., Consultant Dental Surgeon to the Oldham Hospital Group, and are seen at his clinic at the Oldham and District General Hospital.

Under this arrangement, 10 children were referred. In addition, 7 children were referred to the Manchester Dental Hospital.

The Principal School Dental Officer is also on the staff of the Oldham and District General Hospital, and in cases where treatment under hospital conditions would be more beneficial, these children are admitted under his care.

CHILD GUIDANCE

The Child Guidance Clinic is held at the Honeywell Lane Child Welfare Centre.

During the year, two Child Guidance Clinic sessions per week have operated fairly regularly. Dr. Arthur Pool, Consultant Psychiatrist, has continued to assist by undertaking one session per week, and from February, Dr. J. Johnson, Consultant Psychiatrist, has conducted the other session.

Miss Anne-Marie McNamara, Educational Psychologist, has undertaken two weekly sessions at the clinic, and in addition has been in attendance at the two sessions held by the Consultant Psychiatrists.

Social histories and home visits continued to be undertaken by the Mental Welfare Officers of the Public Health Department.

The following table shows the grouping of intelligence quotients of the 67 cases dealt with during the year:—

I.Q.	Boys	Girls	Total
70 and under	1	—	1
71-85	7	7	14
86-95	8	5	13
96-114	18	6	24
115-129	6	2	8
130 and over	1	1	2
	—	—	—
	41	21	62
Awaiting test at 31st December, 1962	—	—	—
Closed before psychological test carried out	3	2	5
Not tested	—	—	—
	—	—	—
	44	23	67
	—	—	—

CASES REFERRED 31

New cases 26

Old cases re-opened 5

Source of reference:—

Director of Education 6

School Medical Officers 4

General Practitioners 9

Consultant Pædiatrician 2

Consultant Physician 2

Head Teachers 7

Others (Dr. Pool) 1

— 31

RECOMMENDATIONS 32

(including 1 case from previous year)

(a) treatment 17

(b) visiting by Mental Welfare Officer 1

(c) cases to be reviewed 1

(d) special residential care 1

(e) cases closed after treatment 3

(f) cases closed after investigation and follow-up	4	
(g) cases closed—not investigated (refused to attend interviews)	5	
	—	32
CASES TREATED AT CLINIC DURING THE YEAR ...		34
ENURESIS CASES TREATED WITH PAD AND BUZZER APPARATUS		5

DR. POOL (21 sessions)—DR. JOHNSON (27 sessions)

Diagnostic interviews	23
Psychiatric interviews	36
Group Therapy sessions	4
Psychotherapy	85
Home visits	1
Other interviews	5
Medicals	1

EDUCATIONAL PSYCHOLOGIST

Psychological Tests:

Diagnostic	22
Re-Tests	10
Play therapy sessions	125
Interviews	39
School visits	7
Home visits	5
Psychotherapy	32
Tuition	2

ASSISTANT SCHOOL MEDICAL OFFICERS

Medicals	21
School visits	2
Interviews	1
Home visits	1

MENTAL WELFARE OFFICERS

Social histories	22
Home visits	277
School visits	4
Other visits	30
Play therapy	47
Escort duties	363

INFECTIOUS DISEASES

The following table shows the number of cases and deaths occurring in Children (resident in Oldham and attending schools and nursery classes under the control of the Education Committee and also Oldham children attending schools maintained by the adjacent authorities) from certain infectious diseases:—

DISEASE	1962		Nursery Schools and Classes	PRIMARY SCHOOLS		SECOND- ARY SCHOOLS	ADJACENT AUTHORITIES		
	Cases	Deaths		Infant Depts.	Junior Depts.		Infant Depts.	Junior Depts.	S'c'd'y Sch ools
Meningococcal Infections	—	—	—	—	—	—	—	—	—
Dysentery	41	—	—	23	16	2	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—
Measles	235	—	9	207	10	1	6	2	—
Scarlet Fever	39	—	2	26	8	1	—	1	1
Whooping Cough ...	2	—	—	1	1	—	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—
Tuberculosis—									
(a) Pulmonary	—	—	—	—	—	—	—	—	—
(b) Other forms	—	—	—	—	—	—	—	—	—

Diphtheria

No case occurred during the year.

Smallpox

No case occurred during the year.

Meningococcal Infections

No case occurred during the year.

Measles

There were 235 cases compared with 184 cases in the previous year.

Scarlet Fever

There were 39 cases notified compared with 86 cases in the previous year.

Whooping Cough

There were two cases notified and confirmed, compared with sixteen in the previous year. One, a boy aged 7 years, received a full course of protective injections in 1955 and a booster dose in 1960. He was a very mild case of whooping cough, and was reported to have whooped once. The second case, a boy aged 4 years, received a primary course of vaccination in 1958. He had a moderately severe attack.

Dysentery

There were 41 cases compared with 44 in the previous year. In all cases the Sonne Organism was isolated.

Acute Poliomyelitis

No case occurred during the year.

Pulmonary Tuberculosis

No case was notified and confirmed in children attending schools under the control of the Education Authority.

One case did, however, occur. This was a boy aged 17 years who attended a local grammar school. He was admitted to hospital and found to have a pleural effusion. He was subsequently transferred to Strinesdale Hospital and discharged before the end of the year. He recommenced school early in the new year.

No death occurred from pulmonary tuberculosis.

Non-Pulmonary Tuberculosis

No case of non-pulmonary tuberculosis occurred during the year.

Tuberculosis—Special Investigations

The combined use of tuberculin testing and Miniature X-ray examination provides a valuable approach in the tracing of contacts and the ascertaining of early or missed cases of pulmonary tuberculosis where a known source of infection exists.

Where a group of children or individuals have been in close contact with an open case (sputum positive) a certain procedure should be followed. If the case occurs in a school:—

- 1—All staff should be tuberculin tested and X-rayed.
- 2—All children should be tuberculin tested.
- 3—Children who show a positive reaction should be X-rayed.

Investigation 1/62

In August, an open case of pulmonary tuberculosis was notified in a female cleaner employed at a Secondary Modern School since April. She had little contact with the children and the risk of infection was small but it was decided to carry out investigations to ensure so far as possible that no infection had been spread amongst the pupils at the school.

The method of investigation was by tuberculin testing of the children, followed by chest X-ray of those who were found to be positive. The position regarding tuberculin testing was complicated by the fact that many of the children were known to be positive reactors, either following B.C.G. vaccination or previous skin testing. In these cases X-ray only was offered. A number of the children had left school in July, before the case was reported and before investigations could be carried out. These children were also offered X-ray examination.

Arrangements were made for a Mass Miniature Radiography Unit to visit the school for one day and the majority of X-ray examinations were carried out there. The pupils, who were either absent when the Unit visited the school, or who were not able to attend there, were examined either at a Mass Miniature Radiography Unit which was at that time stationed in a nearby town, or at the Chest Clinic, Oldham and District General Hospital.

The following is a summary of the results:—

Children who had not previously participated in the B.C.G. scheme

No. offered investigation	199
Accepted	157
Excluded on medical grounds	4
Accepting X-ray only	22
No. skin tested	131
Positive	53
Negative	78

Children who had previously participated in the B.C.G. scheme, and known to be positive.

No. offered investigation	230
Accepted	215
Total Number X-rayed	290

The response amongst the children who had left school in July was disappointing. Of the 74 offered X-ray only 23 accepted.

In 8 cases some abnormality was noted in the X-ray film which required either a large film or further investigation. None of these was subsequently diagnosed as active tuberculosis.

TABLE OF CASES OF CERTAIN NOTIFIABLE DISEASES OCCURRING IN SCHOOL CHILDREN
(Aged 5-15 Years)—1936-1962

Year	Meningo- coccal Infec- tions	Dysentery	Diphtheria		Measles	Scarlet Fever	Whooping Cough	Polio- myelitis	Tuberculosis		
			Cases	Deaths					Pulmonary	Other Forms	All Forms
1936	4	-	215	17	1420	128	292	-	1	15	5 (-)
1937	1	-	218	14	472	158	261	-	4	17	3 (-)
1938	1	-	169	4	922	176	328	-	7	25	5 (2)
1939	-	1	32	2	60	235	50	-	2	17	6 (2)
1940	-	5	47	3	990	99	160	1	1	25	7 (-)
1941	6	-	27	1	224	122	87	-	4	9	- (-)
1942	4	-	58	-	1075	249	54	1	1	17	- (-)
1943	2	-	91	1	107	196	137	-	1	17	1 (-)
1944	1	-	48	3	470	342	40	-	-	12	2 (-)
1945	2	-	31	-	131	217	45	-	4	15	4 (2)
1946	-	1	30	2	686	88	71	1	2	5	- (-)
1947	-	4	39	1	154	61	36	6	2	10	- (-)
1948	1	-	10	1	517	125	82	-	8	14	2 (-)
1949	-	47	1	-	377	273	62	-	2	4	- (-)
1950	-	52	1	-	420	165	117	3	1	7	1 (-)
1951	-	94	-	-	526	106	72	1	5	5	2 (1)
1952	1	129	-	-	819	179	45	3	7	5	1 (1)
1953	-	155	-	-	256	148	57	3	7	5	- (-)
1954	-	29	-	-	427	106	81	-	4	7	- (-)
1955	-	174	-	-	588	177	2	3	11	9	- (-)
1956	1	699	-	-	60	106	7	6	5	4	- (-)
1957	1	78	-	-	1320	48	41	1	3	1	- (-)
1958	2	37	-	-	442	100	32	1	6	4	- (-)
1959	-	638	-	-	429	111	36	-	4	2	1 (-)
1960	1	62	-	-	836	57	20	-	4	-	- (-)
1961	-	315	-	-	184	86	16	3	2	-	- (-)
1962	2	44	-	-	235	39	2	-	-	-	- (-)
1962	-	41	-	-	-	-	-	-	-	-	- (-)

Deaths—Tuberculosis. The figures shown in brackets relate to deaths from Pulmonary Tuberculosis.

School Exclusion

The following rules for the exclusion from school of cases and contacts of infectious diseases have been approved by the Ancillary Services Sub-Committee.

Disease	PERIODS OF EXCLUSION	
	Cases	Contacts
Scarlet Fever ...	7 days after discharge from hospital or home isolation but not less than 21 days from the onset of the disease subject to the patient being free from "cold in the head," discharge from nose or ear, sore throat or septic spots.	Children — no exclusion. Persons engaged in the preparation or service of school meals to be excluded until Medical Officer of Health certifies that they may resume work.
Diphtheria	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	All contacts must be excluded until re-admitted on the written authority of the Medical Officer of Health.
Measles	10 days from the appearance of the rash if child appears well.	Children attending nursery schools and classes should be excluded for 14 days from the date of appearance of the rash in the last case in the house. Other contacts can attend school. Any contact suffering from a cough, cold, chill or red eyes to be immediately excluded. A child who is known with certainty to have had the disease need not be excluded.
German Measles	7 days from the appearance of the rash.	No exclusion.
Whooping Cough ...	28 days from the beginning of the characteristic cough.	Children attending infant and nursery schools and nursery classes to be excluded for 21 days from the date of onset of the disease in the last case in the house. A child who is known with certainty to have had the disease need not be excluded. Where there is proof of contacts having been immunised against whooping cough, exclusion is not necessary. To be excluded for one week to allow proof of immunisation to be checked.

Disease	PERIODS OF EXCLUSION	
	Cases	Contacts
Mumps	7 days from the subsidence of all swelling.	No exclusion.
Chicken Pox ...	14 days from the date of appearance of the rash.	No exclusion.
Poliomyelitis ...	6 weeks. Will usually require much longer period for recovery.	21 days.
Encephalitis	6 weeks.	21 days.
Meningococcal Infection ...	6 weeks.	21 days.
Food Poisoning } Smallpox } Typhoid Fever }	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	All contacts must be excluded until re-admitted on the written authority of the Medical Officer of Health.
Dysentery	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	Normally no exclusion. If any symptoms suspicious of dysentery — exclude until authorised to re-admit.

IMMUNISATION AND VACCINATION

Diphtheria Immunisation

The majority of children are immunised prior to school entry and it cannot be emphasised too strongly that children should receive this protection in infancy. To maintain immunity against diphtheria during the period of their school life, it is essential that children immunised in infancy should receive two reinforcing injections, the first during their sixth year (on entering school) and the second during their eleventh year.

At the school entrance medical examination the immunisation and vaccination state of each child is checked. The parents of these children receive a personal letter from the Medical Officer of Health

stressing the dangers of diphtheria and the importance of immunisation. They are also informed of the necessity for a reinforcing injection at the age of five years. On receipt of the parents consent, the necessary arrangements are made. At the medical examination of children aged eleven years a similar procedure is followed and parents are reminded of the necessity for a second reinforcing injection.

Triple Antigen was first issued in January 1957, and is still used for primary immunisation. This gives protection against diphtheria, whooping cough and tetanus.

The material used for the first reinforcing injection is Triple Antigen (1 c.c.), or Diphtheria Pertussis Prophylactic (1 c.c.), according to the material used for primary immunisation.

For the second reinforcing injection T.A.F. (1 c.c.) is given.

It was not possible to arrange regular sessions at schools for reinforcing injections so the majority of children attended the school clinics.

The following table gives the number of children aged 5-14 (inclusive) who received primary immunisation after entering school:—

Primary Immunisation:—

Year of Birth	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	Total
No. Imm.	43	19	5	7	1	5	11	10	4	1	106

Reinforcing Injection (1st and 2nd)—1,207

Vaccination against Smallpox

During the year 1,175 children of school age received primary vaccination and 760 children were re-vaccinated.

This tremendous increase in both primary and re-vaccination was due to the outbreaks of smallpox in this country—particularly the Bradford occurrence.

Poliomyelitis Vaccination

Vaccination against poliomyelitis is available to all schoolchildren.

Prior to March, vaccination consisted of two injections of 1 c.c. poliomyelitis Salk vaccine, with an interval of not less than three weeks between injections. The third injection was given not less than seven months after the second injection — usually after ten months. Children aged between 5 and 12 years were given a fourth reinforcing injection (1 c.c. of Salk vaccine).

In March oral poliomyelitis vaccine became available. The full course consists of three doses, given at intervals of six to eight weeks. One does may also be given following the two injections of Salk vaccine, or as the reinforcing dose following three injections of Salk vaccine.

The following table gives the number of children aged 5-14 years (inclusive) who received:—

(a) Primary vaccination (2 injections)

(b) Third injection of Salk vaccine or two injections and one does of oral vaccine

(c) Fourth injection of Salk vaccine or three injections and one dose of oral vaccine

(d) A full course of oral vaccine (3 doses)

(a) Primary Vaccination (2 injections)—91

Year of Birth	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	Total
No. Vacc.	13	6	14	13	8	10	7	5	4	11	91

(b) Third Doses—Salk and Oral Vaccine—1,539

Year of Birth	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	Total
No. rec. 3rd Inj.	40	26	25	35	25	15	17	21	18	26	248
No. rec. 3rd Oral aftr 2 inj.	204	204	150	135	129	128	96	108	86	51	1291
Total	244	230	175	170	154	143	113	129	104	77	1539

(c) Fourth Doses—Salk and Oral Vaccine—3,453

Year of Birth	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	Total
No. rec. 4th Inj.	4	6	2	3	2	6	1	2	—	1	27
No. rec. 4th Oral aftr 3 inj.	300	619	629	610	777	298	134	53	6	—	3426
Total	304	625	631	613	779	304	135	55	6	1	3453

(d) Full course of Oral Vaccine (3 doses)—204

Year of Birth	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	Total
No. Vacc.	33	20	30	36	12	15	22	14	10	12	204

ROUNDTHORN INFANT AND JUNIOR SCHOOLS

In October a girl aged 7 years, attending Roundthorn Junior School was notified as a case of poliomyelitis, but the diagnosis was subsequently not confirmed.

Immediately notification was received the vaccination state of the staff and children was checked from the records. The head-teacher was contacted and advised that we wished to vaccinate any children who had not received this protection, and to give the third or fourth dose of vaccine where this was due or overdue. Parents of those children who were not fully protected were advised by letter of the urgent need of vaccination, and were issued with a consent form. Every co-operation was afforded the staff of the Department, and after completion only three children out of 240 had not been protected.

The administration of the oral vaccine was undertaken by one of the school nurses who visited at monthly intervals, and made subsequent visits to those who were absent from the pre-arranged sessions. The school was kept under daily surveillance by a medical officer of the Department until information was received that the diagnosis of poliomyelitis was not confirmed.

No. of children on Registers 240

Before visits

No. of children who had received three
injections 180

No. of children not protected 60

After visits

No. of children protected 234

No. of children not protected 6

Three of the six children not protected received poliomyelitis protection in early 1963. One parent adamantly refused protection for her child. Another consented but despite visits to the school and home visits it was not possible to vaccinate the child. The remaining child received two doses of oral vaccine but did not attend for the third.

B.C.G. Vaccination

Under the Health Committee's proposals for the Prevention of Illness, Care and After-Care, the following arrangements are in operation:—

Vaccination of Contacts—In accordance with Ministry of Health Circular 72/49, arrangements are made for selected contacts of known tuberculosis cases to receive this form of vaccination. The arrangements are under the control and supervision of Dr. H. S. Bagshaw, Chest Physician. During the year, 36 school children (19 males, 17 females) who were found to be Mantoux negative received B.C.G. vaccination. Subsequent Mantoux tests were positive.

Vaccination of School Children — In accordance with Ministry of Health Circular 22/53, the vaccination of older school children has been continued. All children in their second year at a Secondary Modern School (i.e., 12/13 year old group) were offered B.C.G. vaccination. The arrangements are under the control of the Medical Officer of Health, and medical officers on his staff, who have received special instruction in B.C.G. vaccination, undertake these duties.

In the case of children who are strong positive reactors, parents are advised that an X-ray of the chest is necessary. This examination is carried out at the Chest Clinic, Oldham and District General Hospital, and the films are reported upon by Dr. H. S. Bagshaw, who also undertakes any necessary supervision. No case of active tuberculosis was detected in the 22 cases referred for X-ray examination. In ten cases, there was evidence of healed primary lesions. The others showed no significant abnormality.

The following figures relate to the work undertaken during the year:—

Number of children offered B.C.G.	1,749
Number of acceptances	1,274
Percentage accepting	74
Number excluded on medical grounds	24
Number completing skin testing	1,230
Number positive	338
Number negative	840
Number receiving vaccination	840
Number of children requiring X-ray	22
Number of children X-rayed	20

DEATHS IN SCHOOL CHILDREN

During the year, 6 deaths occurred in Oldham children attending schools maintained by the Education Authority. The following are brief details of these cases:—

Case 1—A boy aged 4 years. Death was due to:—

“Asphyxia following drowning. Not sufficient evidence to show how brought about.”

Post mortem and inquest.

This boy, after being reported missing from home, was found drowned in a mill lodge near his home.

Case 2—A boy aged 5 years. Death was due to:—

“Haemorrhage and shock following laceration of liver.”

Accidental death.

Post mortem and inquest.

This boy was hit by a motor car when he ran into the road to retrieve a ball with which he was playing.

Case 3—A boy aged 9 years. Death was due to:—

“ 1. (a) Agranulocytosis

(b) Hepatitis

11. Stills disease.”

This boy was a known case of Stills disease and had suffered chronic ill health since the age of two years. He had prolonged periods of hospital treatment and was attending the special school for physically handicapped pupils. His condition deteriorated, and he was admitted to hospital where he died.

Case 4—A boy aged 10 years. Death was due to:—

“Cerebral haemorrhage following head injury. Struck by private motor car in street.”

Accidental death.

Post mortem and inquest.

This boy was involved in an accident with a motor car whilst cycling.

Case 5—A boy aged 11 years. Death was due to:—

“ 1 (a) Reticulum Cell Leukaemia.”

This boy was admitted to hospital with a history of not being well ten days prior to admission. The diagnosis of leukaemia was confirmed and after a few weeks his condition showed marked improvement. He was about to be discharged home but had a severe relapse and died four weeks after admission.

Case 6—A girl aged 9 years. Death was due to:—

“ 1 (a) Infarction of right lung.

(b) Correction of congenital heart defect (the right pulmonary vein opened into the inferior vena cava).”

This girl was a known case of congenital heart disease, and pulmonary fibrosis. She had received regular hospital treatment and supervision since infancy and attended the Open Air School. She died following operation for correction of her heart defect.

In addition the following death occurred:—

A girl aged 14 years. Death was due to:—

“ 1 (a) Acute right sided heart failure.

(b) Fallots Tetralogy.

11 Chronic Thrombocytopenic purpura. Mongol.”

This girl was a mongol and attended the Junior Training Centre. For some years she had been under hospital treatment for congenital heart disease and purpura.

NURSERY SCHOOLS AND CLASSES

The three nursery schools—Limeside, Darker and Roundthorn—provided 40 places each for children aged 2-5 years. The three nursery classes—St. Anne's, Richmond and Watersheddings—provided 30 places each for children aged 3-5 years.

The facilities of the School Health Service are available to the children attending these schools and classes. During the year the medical officers made 33 routine visits.

HANDICAPPED PUPILS

The early ascertainment of the handicapped pupil is one of the most important functions of the School Health Service, and the provision of special education for these children is the duty of the Education Authority. Efficient and comprehensive provision continues to be made for these children and the facilities available are fully described in subsequent pages of the report.

Some pupils can be ascertained in early infancy, this especially applies when the cause of the defect is congenital or present at birth. The Health Visitors are fully alive to the importance of such children being ascertained at the earliest age and if, in their opinion, any child comes into this category, they submit a special report so that the most appropriate action can be taken.

A number of these pupils are found at the first periodic medical inspection, others are referred by Head Teachers for medical opinion shortly after school entrance. The more efficient early ascertainment is, the fewer will be the cases found at subsequent periodic inspections. A number of pupils are brought to notice after illness or prolonged hospital treatment.

In all cases of handicap it is necessary that experienced officers, and in certain cases a Consultant should examine the child before a final decision is made. This procedure is strictly followed and each case is most carefully reviewed before a decision is finally made.

Pupils Suspected of Deafness

Children suspected of deafness are brought to the notice of the Medical Officers through the usual channels, but before such cases are accepted as handicapped pupils they are referred to Professor Sir A. W. G. Ewing at the Department of Education of the Deaf, Manchester University. His help and advice is greatly appreciated. The health visitors and medical officers at the Welfare Centres are instructed to refer children suspected of deafness so that such children can be fully investigated at the earliest opportunity. During the year, 3 children were seen and it was recommended that they should receive parent guidance at the University Department of Audiology and Education of the Deaf prior to their admission to special schools at a later date.

Children Unsuitable for Education at School

These children should be ascertained at an early age. Many of them have such a degree of mental defect that school attendance is never considered. A few may be admitted to an infant department but such children should be soon discovered and referred for examination. In any case of difficulty or doubt the opinion of the Consultant in Mental Deficiency is obtained.

During the year, 5 children were reported to the Local Health Authority as being unsuitable for education at school.

(a) Blind Pupils:—

“Pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.”

Pupils found to be blind are admitted to special residential schools. A boy aged 14 years was resident at Henshaw's School for the Blind, Manchester, at the beginning of the year, and remained there throughout the year.

No pupils were ascertained during the year and none admitted to or discharged from special residential schools.

(b) Partially Sighted Pupils:—

“ Pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.”

These pupils are admitted to the Waterhead Partially Sighted School.

	Boys	Girls	Total
Number on register, 1st January	8	8	16
(7 Lancs. C.C.)			
Number admitted during the year	1	3	4
(1 Lancs. C.C. — 1 Rochdale C.B.)			
Number discharged			
At the age of 15 years	1	—	1
(1 Lancs. C.C.)			
Transferred to Schools for the Blind ...	1	2	3
(2 Lancs. C.C.)			
Number on register, 31st December ...	7	9	16
(5 Lancs. C.C. — 1 Rochdale C.B.)			

There were 4 children admitted during the year with the following conditions:—

Buphthalmos

Optic Atrophy

Nystagmus

Conjunctivitis and Keratitis.

A boy aged 5 years was admitted to the school from the Middleton area, and a girl aged 7 years from Rochdale, commenced attendance at the school, following a request made by her Authority.

The boy, who left school on attaining the age of 15 years, was placed in employment in the confectionery trade.

(c) Deaf Pupils:—

“ Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.”

These pupils are usually admitted to the Beaver Special School.

	Boys	Girls	Total
Number on register, 1st January	9	4	13
(6 Lancs. C.C.—1 Manchester C.B.)			
Number admitted during the year	—	—	—
Number discharged during the year ...	—	—	—
Number on register, 31st December ...	9	4	13
(6 Lancs. C.C. — 1 Manchester C.B.)			

Residential Special Schools

At the beginning of the year, 4 children (2 girls and 2 boys) were being maintained by the Authority, in the following schools, and were still resident in the schools at the end of the year:—

St. John's Residential School, Boston Spa	1
Royal Cross School for the Deaf:	
Senior Department, Preston	2
Royal Residential Schools for the Deaf,	
Manchester	1

No children were admitted to residential special schools during the year and none left.

(d) Partially Hearing Pupils:—

“Pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.”

These pupils are admitted to the Beaver Special School.

	Boys	Girls	Total
Number on register, 1st January	8	4	12
(3 Lancs. C.C.)			
Number admitted during the year ...	1	2	3
(1 Lancs. C.C.)			
Number discharged during the year ...	—	—	—
Number on register, 31st January ...	9	6	15
(4 Lancs. C.C.)			

A boy aged 8 years was admitted to the School at the request of the Lancashire County Council. Two girls aged 5 years and 6 years, residing in the Borough, were admitted during the year. No children left the school during the year.

A boy, now aged 15 years, who was admitted to the Mary Hare Grammar School in September, 1959, was still attending the school at the end of the year.

A lip-reading class is held at the Beaver Special School. The children attending the class continue to attend their ordinary school but visit the Beaver Special School twice a week for lip-reading instruction. There were no children awaiting admission at the end of the year.

Mr. J. N. Appleton, Consultant Aural Surgeon, makes regular visits to the Beaver Special School. These visits afford an opportunity for problems concerning individual children to be discussed between the teachers, the Consultant Aural Surgeon and the medical staff of the School Health Service. Mr. Appleton also sees all the children periodically and any special treatment that may be required is arranged through the Scottfield Aural Clinic or the Oldham and District General Hospital.

(e) **Educationally Sub-normal Pupils:—**

“Pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.”

Many of these children make satisfactory progress when placed in the special class at Beaver County Junior School. This class provides places for 20 children.

During the year Dr. E. M. R. Stuart attended a course of instruction on the ascertainment of educationally sub-normal children.

During the year 71 examinations in respect of 70 children were carried out. These examinations are usually held at the Health Office, but some are undertaken in the schools and in special cases, home visits are made.

The following is a summary of the recommendations made:—

(a) Unsuitable for education at school	7
(b) Marland Fold Special School leavers—	
(i) Formally reported as requiring care and guidance	5
(ii) Not formally reported as requiring care and guidance—For friendly supervision only	4
(iii) County case — Information passed to appropriate Authority	1

(c) Recommended for admission to Marland Fold Special School	26
(d) Recommended for admission to Special Class	5
(e) For further supervision	17
(f) No further supervision required	3
(g) Recommended for other forms of special schooling	3

At the beginning of the year a boy aged 12 years was resident, at Pontville Special School, Ormskirk. During the year the boy's family moved to the Saddleworth area of the West Riding of Yorkshire and in May he ceased to be the responsibility of the Oldham Education Authority.

There were no admissions to, or discharges from, residential special schools during the year, and at the end of the year there were no Oldham schoolchildren resident in special schools.

Marland Fold Special School

Educationally sub-normal children who require more specialised education than can be provided in a special class are admitted to the Marland Fold Special School.

	Boys	Girls	Total
Number on register, 1st January	64	34	98
(11 Lancs. C.C. — 4 West Riding C.C.)			
Number admitted during the year ...	13	14	27
(2 West Riding C.C.)			
Number discharged during the year ...	10	4	14
(2 Lancs. C.C.)			
Number on register, 31st December ...	67	44	111
(9 Lancs. C.C. — 6 West Riding C.C.)			
Children discharged during the year:—			
(a) At age 16	8	2	10
(1 Lancs. C.C.)			
(b) Left the district	—	1	1
(c) Transferred to County Special Schools	1	1	2
(1 Lancs. C.C.)			
(d) Unsuitable for education at School, transferred to Junior Training Centre	1	—	1

There were 10 children who left school on reaching the age of 16 years (Oldham 9, Lancashire County 1).

Of the 9 Oldham children who left, 5 were considered to require care and guidance after leaving school and were formally reported to the Local Health Authority. Of these children 1 a boy was placed in suitable employment. Of the other 4, 3 children (2 boys and 1 girl) were placed in the Industrial Centres. The other boy who left the school at Christmas had not secured employment by the time the schools re-opened after the Christmas holidays, and his parents asked for him to be re-admitted to the School until he obtained employment. Information on the 4 other Oldham children was passed to the Local Health Authority for friendly supervision only, and all (3 boys and 1 girl) were placed in suitable employment.

The Lancashire County case, a boy, was found suitable employment.

(f) Epileptic Pupils:—

“Pupils who by reasons of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.”

One boy aged 15 was resident at Colthurst House School, Alderley Edge, Cheshire, at the beginning of the year and remained in residence until he left at Christmas, having attained the age of 16 years.

Towards the end of the year 2 boys both aged 6 years were ascertained as requiring admission to a special residential school, but neither had been admitted by the end of the year.

A girl aged 7 years was ascertained as requiring a place in a special residential school and was admitted to Colthurst House School in May. However she was discharged from the School in July at the request of the medical officer of the School. He felt that she was primarily a psychiatric case and was not correctly placed in a school for epileptic children.

(g) Maladjusted Pupils:—

“Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.”

Children are referred to the Child Guidance Clinic for advice and treatment.

The following were resident in special schools at the beginning of the year:—

A boy aged 16 years, who was admitted to Chaigeley School, Thelwell, Warrington, in September, 1957, left at the end of the school year.

A boy aged 14 years, who was admitted to Chaigeley School in April, 1960, was still resident there at the end of the year.

A boy aged 12 years, who was admitted to Chaigeley School in September, 1961, remained resident at the School throughout the year.

No cases were ascertained during the year as requiring admission to special residential Schools, and no cases were admitted.

(h) Physically Handicapped Pupils:—

“Pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.”

Children whose physical disability renders it inadvisable that they should be exposed to the conditions of ordinary school life are admitted to the Scottfield Physically Handicapped School.

There were 2 children admitted during the year with the following defects:—

Spina bifida	1
Kypho-scoliosis	1

	Boys	Girls	Total
Number on register, 1st January	12	12	24
(4 Lancs. C.C. — 1 West Riding C.C.)			
Number admitted during the year ...	—	2	2
Number discharged during the year ...	2	1	3
(1 Lancs. C.C. — 1 West Riding C.C.)			
Number on register, 31st December ...	10	13	23
(3 Lancs. C.C.)			
Children discharged:—			
At age 16 years (school leaver) ...	—	1	1
Left the district	1	—	1
Died	1	—	1

One child, a girl, left school at the age of 16 years, and was placed in suitable employment. This girl resided in the Lancashire County area.

The boy who died was 9 years of age and suffered from Agranulocytosis and Stills disease.

Residential Special Schools

Five children continued to attend residential special schools throughout the year.

The following 4 children were resident at the Bethesda Special School, Cheadle, Cheshire:—

- (a) A girl aged 10 years suffering from multiple congenital deformities of the legs. — Admitted September, 1959 —(V.L.)
- (b) A boy 12 years, with cerebral palsy (spastic quadriplegia). Admitted February, 1960—(L.P.)
- (c) A boy aged 6 years, suffering from Spina Bifida with paraplegia.—Admitted September, 1961—(D.W.)
- (d) A boy of 9 years suffering from Cerebral Palsy (right hemiplegia).—Admitted September, 1961—(M.W.)

The following child was resident at Talbot House School, Glossop:—

- (a) A girl aged 9 years, with cerebral palsy (spastic quadriplegia).—Admitted October, 1960—(G.B.)

During the year the following two children were admitted to residential special schools:—

- Case 1**—A girl of 6 years suffering from simple spastic diplegia, was admitted to Talbot House School, Glossop, in August—(I.B.)
- Case 2**—A girl aged 5 years, suffering from paralysis following poliomyelitis, was admitted to Bethesda Special School in September—(T.G.)

There were no discharges from residential special schools during the year.

Home Tuition

No children received home tuition during the year.

(i) Pupils Suffering from Speech Defect:—

“Pupils who on account of defect or lack of speech not due to deafness require special educational treatment.”

Speech therapy is available on a sessional basis at the Gainsborough Avenue Centre, under the direction of Mrs. Audrey M. Carter. Six sessions are held weekly, one session being divided between two schools which are visited weekly.

Group therapy for stammers is held on two afternoons a week. Individual treatment for speech defectives is available by appointment.

Pre-school children found to have speech defects are also referred to Mrs. Carter, who arranged for an appointment to be made with the parent. It is not practical to treat children so young unless the case is exceptional, but the parents are seen and advice is given.

I am indebted to Mrs. Audrey M. Carter for the following report:—

The work of the department has continued during the year at the Gainsborough Avenue Centre. Sessions have also been held regularly at Limeside School and Parish Church school, to accommodate the large numbers in these schools and schools nearby, with more economy of time.

During the year the waiting list has been reduced considerably now that the work of the department is gathering impetus again, after the gap in 1959, left after Miss Woodhead's retirement.

There has been an increase in the number of children from Marland Fold Special School, and the special class at Beever Junior School who have attended for treatment. These cases obviously require a longer period of treatment before there are any results but in almost all cases co-operation is excellent and these children eventually show considerable improvement.

The two spastic children, admitted for the first time in 1961, have continued their weekly treatments. One case has shown excellent results, the other is just beginning to show improvement.

I wish to express my appreciation to head teachers and school health service staff, who have given me the utmost support and co-operation.

The following figures relate to the work of the clinic:—

Number on register at 1st January:—

With speech defect	24
With stammer	35
	—
	59
	—

Number admitted for treatment during the year

With speech defect	5
With stammer	33
	—
	38
	—

Number discharged during the year

With speech defect	12
With stammer	30
	—
	42
	—

Number on register at 31st December

With speech defect	17
With stammer	38
	—
	55
	—

The 42 children mentioned above were discharged for the following reasons:—

With stammer

Satisfactory speech	8
Left school	1
Unsatisfactory attendance	1
Left the district	2

With speech defect

With satisfactory speech	29
Withdrawn — No co-operation	1
	—
	42
	—

Number on waiting list at the 31st December	
With stammer	10
With speech defect	88
	—
	98
	—
Number of parents interviewed	99
Number of appointments not kept and no excuse given	27
	—
Total number of appointments ...	126
	—
School visited concerning special cases	9
Home visits	1

(j) **Delicate Pupils:—**

“Pupils not falling under any other category, who by reason of impaired physical condition need a change of environment and cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.”

The Strinesdale Open Air School provides accommodation for 30 resident and 90 non-resident delicate pupils.

Admissions during the year were as follows:—

	Boys	Girls	Total
Arrested tuberculosis and contacts of tuberculosis	1	—	1
Sub-normal nutrition and debility ...	3	4	7
Bronchitis and asthma	6	3	9
Recurrent respiratory infections	5	5	10
Convalescence following heart surgery	—	1	1
	—	—	—
Totals	15	13	28
	—	—	—

HOSPITAL TEACHING

The Oldham Royal Infirmary and the Oldham and District General Hospital each have a full-time teacher appointed for the children admitted for in-patient treatment.

CASTLESHAW CAMP SCHOOL

This camp school is situated at Delph and parties of children who are in their last year at school are taken to the camp for a week during the period April to October. A warden and his wife are in residence throughout the year and they are responsible for the maintenance of the building and its contents.

Each party consists of 28 children (14 boys and 14 girls) with two teachers (one of each sex) or 28 children of one sex. In the main, single sex parties used the camp during the summer, only three schools sent mixed parties.

The parties assemble at their ordinary schools at 9 a.m. on a Monday, and return the following Friday afternoon, leaving the school at about 1-30 p.m. In some cases the duration of the stay is extended to include the week-end. A total of 302 children visited for a stay of one week, and three schools, involving 62 children stayed for the week-end. The children were conveyed to and from the camp by special 'bus. All children are medically examined before proceeding to the camp school.

The curriculum allows the children who are attending the camp school to take full advantage of the surrounding countryside, and they are taken on visits to places of local interest. In the evenings special recreational activities are arranged by the teachers in charge of the parties.

The cost to the parents is 17/6d. per week per child, but no child is debarred from attending because of the parents' inability to meet this charge. An extra charge is made to parties staying over the week-end.

The camp is also utilised throughout the year by various youth organisations who arrange for parties to attend at week-ends.

ATTENDANCE CENTRE—MEDICAL EXAMINATIONS

The Chief Constable, at the request of the Home Secretary, has undertaken responsibility for an attendance centre as provided in the Criminal Justice Act, 1948. The centre is held on Saturday afternoons at the Waterloo Secondary Modern School and the children and young persons are sent from the Juvenile Courts in the area.

The instruction includes physical training and drill and all the boys are medically examined.

During the year 37 Oldham boys and 3 boys from adjacent areas were examined by the assistant medical officers and all were passed as fit to attend the centre, except one boy who was found temporarily unfit.

MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO COURSES OF TRAINING

Teachers entering the service of the Council from other authorities and new entrants to the teaching profession who have not been medically examined on completion of their course of training are examined as to their fitness for employment. These examinations are undertaken by the medical officers of the Department and during the year 127 teachers were examined.

The examination of candidates applying for admission to training colleges is the responsibility of the Principal School Medical Officer and he is assisted by the medical officers of the Department in these examinations.

Candidates Applying for Admission to Colleges

During the year 76 candidates (26 males, 50 females) were examined and a medical report completed and forwarded with form 4 RTC to the appropriate college authority.

In all cases it was possible to pass the candidates as fit for admission to a course of training.

All the candidates agreed to an X-ray examination.

Entrants to the Teaching Profession

Entrants to the teaching profession completing an approved course of training continue to be examined by the college medical officer but in other cases the medical examination is arranged by the Principal School Medical Officer of the appointing authority. These examinations require the completion and forwarding of Form 28RQ together with a medical report to the Ministry of Education and an X-ray examination is compulsory.

During the year 57 medical reports (34 males, 23 females) were completed.

Ministry of Education Circular 248/52

- (i) All teachers are X-rayed on appointment but this is waived in the case of new entrants who have recently undergone an X-ray examination on completion of their course of training and received a satisfactory report.

- (ii) All teachers are urged to take advantage of the facilities provided by the Mass Miniature Radiography Service for periodic examination.
- (iii) All staff employed in the School Health Service are X-rayed on appointment and at regular intervals are referred to the Medical Director of the Unit for X-ray examination.

EXAMINATION OF SCHOOL MEALS STAFF

The scheme for the examination and chest X-ray on appointment of all new entrants to the School Meals Service was continued.

During the year 110 new entrants were examined and of these 6 were classified as unsuitable for employment. Five were considered to be unfit in view of the report received from the Chest Physician following the X-ray examination. The other applicant was found to be suffering from dental caries and was advised to have treatment after which her application would be reconsidered. She had not re-applied by the end of the year.

PROVISION OF MEALS

I am indebted to Mrs. F. Thompson, School Meals Organiser for the following report:—

This year has seen the opening of four new self contained kitchens and dining rooms. Marland Fold Special School, kitchen/dining room was opened in April; this kitchen replaces the former kitchen at Chaucer Street. St. Hilda's Church of England opened along with the school at the commencement of the Autumn term and St. Martin's Church of England, kitchen/dining room, was put into operation for the cooking and serving of meals a fortnight after the beginning of the school term. Alt County Infant school kitchen and dining hall was opened in October. All the kitchens are of modern design each containing different constructional features fitting in with the layout of the school. The heavy equipment installed in the kitchens for cooking and wash-up purposes is of stainless steel. Working surfaces, where possible, are covered with formica tops. The dining furniture is stackable because the dining hall is dual purpose. Three of the new schools are using the family service method of dining for the junior and senior departments whilst the infants use the cafeteria method.

The Authority's 1961-62 programme for alterations and hygienic improvements have included the installation of several stainless steel wash-up units. The dining hall floors at St. Anne's Roman Catholic, kitchen/dining room have been resurfaced with gaily coloured lino tiles. The stores and office at Derker County Infants school kitchen have been retiled with quarry tiles.

Alterations to Hollins Secondary Modern School scullery and servery have been carried out to improve the hygiene of working facilities.

Several items of heavy equipment such as steaming cooking ovens, and boiling pans have been installed in the Authority's cooking kitchens to replace outworn equipment. The Authority, with the approval of the Ministry of Education, is also purchasing additional heavy equipment in the form of fish friers, mixing and slicing machines for the smaller kitchens. The additional equipment will assist in speeding up the preparation work in the small kitchens.

The normal programme of interior and exterior decoration of kitchens and sculleries has been carried out by the Authority.

Two one day courses for all school meals employees were held at Breeze Hill Secondary Modern School during the August holiday period. The main theme of the course was "Hygiene in relation to the service of the school meal." The co-operation of members of the Health Department's staff did much to ensure the success of the course.

The Authority now has one central kitchen and 25 self contained canteens providing meals for schoolchildren. Meals are also cooked and served on the premises for three nursery schools and three nursery classes. The average number of children having school meals per day at the end of the year was:—

On payment	8,254
Free	839
	<hr/>
	9,093
	<hr/>

Milk in Schools

The provision of free milk to all children in schools maintained by the Authority and to non-maintained schools has been continued.

The average number of individual children provided with milk was 16,086 and during the year 2,920,997 one third pints of milk were consumed.

PHYSICAL EDUCATION

I am indebted to Miss M. A. G. Richardson, the Woman Organiser of Physical Education and Mr. L. F. Reid, Man Organiser of Physical Education, for the following report:—

1. Staff

Two new appointments have been made to the organising staff. Miss M. A. G. Richardson was appointed as from 1st March from a similar post in Birmingham and Mr. L. F. Reid was appointed as from 2nd April from a Training College post in Leeds. Mr. A. Etchells left on 31st December, 1961 to take up an appointment on the staff of Chorley Day Training College.

Staffing in the schools remains a problem more particularly so with women specialists and semi specialists in the secondary schools. It is fortunate that schools still have the assistance of 2 full time and 2 part time accompanists for dance as well as 4 full time and 1 part time instructors centred at the swimming baths.

2. Conditions in Schools

Indoor facilities can in most of the schools be said to be quite adequate and there appears to be a plentiful supply of equipment though some still remains that is outdated. Cleanliness of the gymnasias, the changing rooms, showers and store rooms is the distinct aim of all concerned though the weather conditions during the winter months make this a problem. The majority of children are now changing in one way or another for physical education activities but cases still exist where little effort is being or can be made to achieve 100 per cent. response. The supply of plimsolls to the schools continues to be equal to the demands. Equipment, portable and fixed, in all the secondary schools has been brought up to a satisfactory state of repair.

3. Games and Athletics

The Parks Department continued to make as many of their facilities available as was possible. This eased the acute shortage of school games and athletics areas still existing in the town. This year has seen the completion of the first hard surface all weather area at Holy Rosary R.C. Primary School. It is felt that this type of surface may well be the answer to the eternal problem presented by waterlogged fields.

4. Swimming Instruction

The Education Committee's policy of providing for four years continuous swimming beginning at the 3rd year junior school stage and ending at the 2nd year secondary school stage is being adhered to as far as possible. Where swimming instruction cannot be given by any of the members of a school staff then a fully qualified swimming instructor is always available. The quality of instruction and the number taught to swim is considerably improved where and when it is possible for a class to be accompanied and given swimming instruction by the class teacher as well as the swimming instructor.

A class of children and teachers from several schools attended the Central Baths one hour per week during the Autumn Term to prepare for a Royal Life Saving Society Award. It is hoped to hold this type of class more frequently in the future.

The Education Committee again provided for three boys to attend an Outward Bound Course at Eskdale in Cumberland and for three girls to attend a similar course at the Devon Outward Bound School.

The satisfactory number of Duke of Edinburgh's Awards gained by the school pupils in Oldham reflects much credit on the teachers who have given so generously of their time and thought to prepare the candidates.

Mention should also be made of the dedicated work done by many teachers in connection with the school and town teams, sports meeting and swimming galas. All these activities contribute greatly to the health and character building of the children.

Part 1—Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

NOTES:—Tables A and B relate only to medical inspections of pupils attending maintained schools prescribed in Section 48(1) of the Education Act, 1944. Pupils found at Periodic Inspections to require treatment for a defect are not excluded from columns (7), (8), and (9), by reason of the fact that they are already under treatment for that defect.

Columns (7), (8), and (9), relate to individual pupils and not to defects. This is the reason why the sum of columns (7), and (8), does not agree with the total shown in column (9).

Table A—Periodic Medical Inspections

Age Groups Inspected (By years of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		SATISFACTORY		UNSATISFACTORY		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
		No.	% of Col. 2	No.	% of Col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1958 and later	1,217	1,217	100	—	—	3	97	89
1957	703	703	100	—	—	1	32	31
1956	128	128	100	—	—	1	7	7
1955	5	5	100	—	—	—	2	2
1954	2	2	100	—	—	—	—	—
1953	—	—	—	—	—	—	—	—
1952	—	—	—	—	—	—	—	—
1951	992	992	100	—	—	27	32	55
1950	534	534	100	—	—	15	18	31
1949	—	—	—	—	—	—	—	—
1948	13	13	100	—	—	—	—	—
1947 and earlier	1,720	1,720	100	—	—	43	14	51
Total	5,314	5,314	100	—	—	90	202	266

Table B—Other Inspections

NOTES:—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	1,594
Number of Re-inspections	1,471
	<hr/>
Total	3,065

Table C—Infestation with Vermin

NOTES:—All cases of infestation, however slight, are included in this Table.

The return relates to individual pupils and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ...	45,898
(b) Total number of individual pupils found to be infested ...	920
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

Table D—Screening Tests of Vision and Hearing

1. (a) Is the vision of entrants tested? ...	No.
(b) If so, how soon after entry is this done?	N/A.
2. If the vision of entrants is not tested, at what age is the first vision test carried out?	Children in their second year at an infants school. Ages vary from 5+ to 6+.
3. How frequently is vision testing repeated throughout a child's school life?	Annually after entry to a Junior School.
4. (a) Is colour vision testing undertaken?	Yes, at 11 years old periodic inspection.
(b) If so, at what age?	10 years and 11 years.
(c) Are both boys and girls tested? ...	Yes.
5. By whom is vision and colour testing carried out?	School Medical Officer and Health Visitor/School Nurses.
6. (a) Is audiometric testing of entrants carried out?	Yes.
(b) If so, how soon after entry is this done?	As soon as possible during the first year at school.
7. If the hearing of entrants is not tested, at what age is the first audiometric test carried out?	N/A.
8. By whom is audiometric testing carried out?	Health Visitor/School Nurses.

Part II—Defects found by Medical Inspection during the year

Table A—Periodic Inspections

NOTE:—All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections, are included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin	4	36	—	59	4	25	8	120
5	Eyes—								
	(a) Vision	5	11	43	377	42	250	90	638
	(b) Squint ...	27	35	3	27	8	35	38	97
	(c) Other	3	12	—	18	—	21	3	51
6	Ears—								
	(a) Hearing ..	11	18	—	8	4	10	15	36
	(b) Otitis Media ...	9	30	4	16	2	20	15	66
	(c) Other	1	12	—	3	1	10	2	25
7	Nose and Throat ...	28	73	2	17	19	14	49	104
8	Speech	6	33	1	3	1	8	8	44
9	Lymphatic Glands ...	1	14	—	2	—	8	1	24
10	Heart	—	18	—	11	—	12	—	41
11	Lungs	—	32	—	9	—	16	—	57
12	Develop-mental—								
	(a) Hernia ...	1	7	—	4	—	2	1	13
	(b) Other	1	11	—	6	6	10	7	27
13	Orthopædic—								
	(a) Posture ..	2	7	—	26	2	11	4	44
	(b) Feet	6	8	1	29	7	38	14	75
	(c) Other	22	20	2	26	4	38	28	84
14	Nervous System—								
	(a) Epilepsy .	—	6	—	9	1	4	1	19
	(b) Other	—	6	—	—	—	5	—	11
15	Psycho-logical—								
	(a) Develop-ment	—	13	—	2	—	10	—	25
	(b) Stability .	—	16	—	4	—	2	—	22
16	Abdomen	—	4	—	12	—	14	—	30
17	Other	3	9	—	4	3	9	6	22

Table B—Special Inspections

NOTE:—All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections, are included in this Table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	495	31
5	Eyes:		
	(a) Vision	345	150
	(b) Squint	10	4
	(c) Other	35	10
6	Ears:		
	(a) Hearing	7	8
	(b) Otitis Media ..	6	1
	(c) Other	20	8
7	Nose and Throat	11	42
8	Speech	5	13
9	Lymphatic Glands ...	—	1
10	Heart	—	25
11	Lungs	1	33
12	Developmental:		
	(a) Hernia	—	2
	(b) Other	1	20
13	Orthopædic:		
	(a) Posture	—	4
	(b) Feet	2	5
	(c) Other	14	8
14	Nervous System:		
	(a) Epilepsy	1	11
	(b) Other	—	8
15	Psychological:		
	(a) Development ..	—	6
	(b) Stability	—	7
16	Abdomen	—	2
17	Other	237	118

Part III—Treatment of Pupils Attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

NOTES :—The following tables show the total numbers of :—

- (i) cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

Table A—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	72
Errors of refraction (including squint)	2,790
	<hr/>
Total	2862
	<hr/>
Number of pupils for whom spectacles were prescribed	1,995

Table B—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment:	
(a) for diseases of the ear	44
(b) for adenoids and chronic tonsillitis	425
(c) for other nose and throat conditions	30
Received other forms of treatment	7
	<hr/>
Total	506
	<hr/>
Total number of pupils in schools who are known to have been provided with hearing aids:	
* (a) in 1962	6
(b) in previous years	41

* A pupil recorded under (a) above is not recorded at (b) in respect of the supply of a hearing aid in a previous year.

Table C—Orthopaedic and Postural Defects

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients' departments	410
(b) Pupils treated at school for postural defects	—
	<hr/>
Total	410

Table D—Diseases of the Skin

(excluding uncleanness, for which see Table C of Part I)

	Number of cases known to have been treated
Ringworm:	
(a) Scalp	—
(b) Body	1
Scabies	68
Impetigo	26
Other skin diseases	251
	<hr/>
Total	346

Table E—Child Guidance Treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	34

Table F—Speech Therapy

	Number of cases known to have been treated
Pupils treated by speech therapists	97

Table G—Other Treatment Given

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	470
(b) Pupils who received convalescent treatment under School Health Service arrangements	1
(c) Pupils who received B.C.G. vaccination ...	840
(d) Other than (a), (b) and (c) above.	
Please specify:	
Orthoptic	893
	<hr/>
Total (a)—(d) ...	2,204

Dental Inspection and Treatment Carried out by the Authority

(a) Dental and Orthodontic work:

1. Number of pupils inspected by the Authority's Dental Officers:—

i At periodic inspections	5,388	
ii As specials	3,445	
Total (1)		<u>8,833</u>

2. Number found to require treatment	7,152
3. Number offered treatment	6,308
4. Number actually treated	5,756

(b) Dental work (other than orthodontics). (Note: Figures relating to orthodontics are not included in Section (b))

1. Number of attendances made by pupils for treatment, excluding those recorded at (c) i below	14,374
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2. Half days devoted to:

i Periodic (school) inspection	39	
ii Treatment	1,480	
Total (2)		<u>1,519</u>

3. Fillings:

i Permanent teeth	6,905	
ii Temporary teeth	929	
Total (3)		<u>7,834</u>

4. Number of teeth filled:

i Permanent teeth	6,285	
ii Temporary teeth	892	
Total (4)		<u>7,177</u>

5. Extractions:

i Permanent teeth	3,151	
ii Temporary teeth	6,498	
Total (5)		9,649

6. Administration of general anæsthetics for extraction	1,922
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7. Number of pupils supplied with artificial teeth	104
--	-----

8. Other operations:

i Permanent teeth	4,342	
ii Temporary teeth	436	
Total (8)		<u>4,778</u>

(c) Orthodontics:

i Number of attendances made by pupils for orthodontic treatment	942
ii Half days devoted to orthodontic treatment	57½
iii Cases commenced during the year	50
iv Cases brought forward from the previous year	154
v Cases completed during the year	18
vi Cases discontinued during the year	Nil
vii Number of pupils treated by means of appliances ...	146
viii Number of removable appliances fitted	141
ix Number of fixed appliances fitted	5

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9 (5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES

	Blind	Partially Sighted	Deaf	Partial Hearing	Physically Handicapped	Delicate	Maladjusted	Educationally Sub-Normal	Epileptic	Speech Defects	Total
During the calender year ended 31st December, 1962:											
A. Number of handicapped pupils newly assessed as needing special educational treatment at Special Schools or in Boarding Homes	2	3	24	...	22	2	...	53
B. (i) Number of these children who were newly placed in Special Schools (other than Hospital Special Schools) or Boarding Homes	2	1	18	...	18	...	...	39
(ii) Number of children who were assessed prior to the 1st January, 1962, and were newly placed in Special Schools (other than Hospital Special Schools) or Boarding Homes	2	...	...	1	9	...	2	...	...	14
On or about 20th Jan., 1963:											
C. Number of Handicapped Pupils from the Authority's area who were:											
(i) requiring places in Special Schools											
(a) as Day Pupils
(b) as Boarding Pupils	1	...	...	1	...	...	...	...	...	2
(ii) included at (i) but had not reached the age of 5 years and were awaiting											
(a) day places
(b) boarding places
(iii) included at (i) who had reached the age of 5 years but whose parents had refused consent to their admission to a Special School were awaiting											
(a) day places
(b) boarding places	1	...	...	...	...	...	1

Continued overleaf

	Blind	Partially Sighted	Deaf	Partial Hearing	Physically Handicapped	Delicate	Maladjusted	Educationally Sub-Normal	Epileptic	Speech Defects	Total
D. Number of Handicapped Pupils:											
(i) on the registers of											
(1) Maintained Special Schools as											
(a) Day Pupils .....	...	10	6	11	20	78	...	96	...	...	222
(b) Boarding Pupils	...	...	...	...	2	30	...	...	...	...	33
(2) Non-maintained Special Schools as											
(a) Day Pupils .....	...	...	...	...	...	...	...	...	...	...	...
(b) Boarding Pupils	2	...	5	1	6	...	2	...	2	...	188
(ii) on the register of independent schools under arrangements made by the Authority	...	...	...	...	...	...	...	...	...	...	...
(iii) Were boarded in homes and not already included under (i) and (ii) above .....	...	...	...	...	...	...	...	...	...	...	...
E. Number of Handicapped Pupils (irrespective of the areas to which they belong) were being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944:											
(i) in hospitals .....	...	...	...	...	...	...	...	...	...	...	...
(ii) in other groups (e.g., units for spastics, convalescent homes)	...	...	...	...	...	...	...	...	...	...	...
(iii) at home .....	...	...	...	...	...	...	...	...	...	...	...

Number of Children on whom Information has been passed to the Local Health Authority for the Purpose of the Mental Health Act, 1959.

	Male	Female	Total
Children unsuitable for education at school ...	5	—	5
School leavers who are considered to require care and guidance.—			
On leaving special schools	4	1	5
On leaving ordinary schools	—	—	—
	9	1	10
	—	—	—

